

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90221 032 ****70.00

DOCUMENT # N00000003572

1. Entity Name

THE VICTORIA LEOPOLD FOUNDATION, INC.



Principal Place of Business

**3141 CHARLES MACDONALD DRIVE
SARASOTA FL 34240**

Mailing Address

**3141 CHARLES MACDONALD DRIVE
SARASOTA FL 34240**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1011226**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEOPOLD, HARRY
3141 CHARLES MACDONALD DRIVE
SARASOTA FL 34240**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D LEOPOLD, HARRY 3141 CHARLES MACDONALD DRIVE SARASOTA FL 34240			
D LEOPOLD, VICTORIA 3141 CHARLES MACDONALD DRIVE SARASOTA FL 34240			
D PADEN, DANIEL 1340 HIDDEN VIEW WAY BRIDGETON NJ 08302			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NOTAR PUBLIC REQUIRED

March 20, 2003

941-379-1876

CR2E037 (10/02)